

CALIFORNIA ARCHITECTS BOARD LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE

400 R STREET, SUITE 4000, SACRAMENTO, CALIFORNIA 95814 TELEPHONE: (916) 445-4954 FAX (916) 324-2333 Email: <u>latc@dca.ca.gov</u> Web Site: <u>www.latc.dca.ca.gov</u>



REQUEST FOR REPLACEMENT LICENSE

FOR OFFICE USE ONLY				
Receipt #				
Fee Paid				
Audit #				
Issue Date				
Original Returned				

PRINT NAME (IN FULL): _	(Last Name)	(First Name)	(Middle Name)
OTHER NAME(S) KNOWN B			,
	r (write)		EICENSE NO.
ADDRESS:			
CITY:	STATE:		ZIP CODE:
	(1	
TELEPHONE: ()	(<u>/</u>	BIRTHDATE:
(Wo	rk)	(Home)	(Month/Day/Year)
REQUEST IS HEREBY MAI	DE FOR:		
Replacement of Wall Cert	ificate - \$50.00 (11" x 8	3.5")	
Replacement of current Po	ocket Receipt - \$50.00 (3	3.5" x 2.3")	
Attach a check made payable	to the Landscape Arch	itects Program fo	r the appropriate amount.
REASON FOR REQUEST (c	heck one):		
Original not received	Lost Stolen	Destroyed	
Mutilated* Missp	elling* Name ch	nange* Oth	ner (state reason below)
*The license or certificate bei	_	_	
REASON FOR REQUEST:			
-		•	would like your name printed on your wal
Print name:			
information set forth above	are correct and that l	will immediatel	State of California that statements and y return the license or certificate to the abouts should it become known to me.
Signature:			Date: